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August 8, 2000

Assistant Commissioner for Patents  
Office of Initial Patent Examination  
Customer Service Center  
Washington, D.C. 20231

**Re:** Mo-5519/LeA 33,773  
U.S. Serial No. 09/575,051  
Filing Date: May 19, 2000

Dear Sir:

With reference to the above noted application, we wish to bring to your attention the following correction on the filing receipt. Please make the following correction:

Under Foreign Applications, please correct the date to read June 4, 1999 as per attached Combined Declaration and Power of Attorney.

Thank you for your attention to this matter. We are attaching a copy of the filing receipt and a copy of the Combined Declaration and Power of Attorney with noted correction. Please send us a corrected filing receipt for our file.

Sincerely yours,

Sue Riley  
Patent Department

Enclosure  
sr0158

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FILING RECEIPT

## FILING RECEIPT



\*OC00000005269920\*

UNITED STATES DEPARTMENT OF COMMERCE  
Patent and Trademark OfficeAddress: ASSISTANT SECRETARY AND  
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/575,051	05/19/2000	1711	690	Mo-5519/Lea.33773	-	11	2

Bayer Corporation  
Patent Department  
100 Bayer Road  
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Date Mailed: 07/26/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

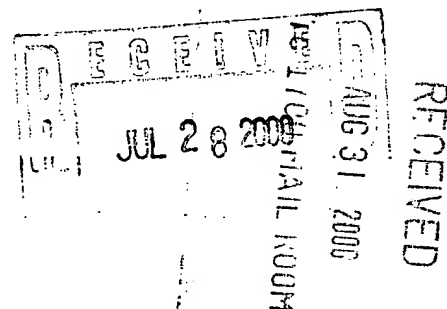
Winfried Jeske, Burscheid, GERMANY;  
Hartmuth Buding, Titz, GERMANY;  
Hermann-Josef Weidenhaupt, Pulheim, GERMANY;

## Continuing Data as Claimed by Applicant

## Foreign Applications

GERMANY 19925633.0 05/04/1999

6/4/99



If Required, Foreign Filing License Granted 07/25/2000

## Title

Diene rubber compounds for improved rubber moldings

## Preliminary Class

525

Data entry by : ARMSTEAD, LORRAINE

Team : OIPE

Date: 07/26/2000



cc: Bureau 7-4-00



Bib Data Sheet

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<b>SERIAL NUMBER</b> 09/575,051	<b>FILING DATE</b> 05/19/2000 <b>RULE</b> -	<b>CLASS</b> 525	<b>GROUP ART UNIT</b> 1711	<b>ATTORNEY DOCKET NO.</b> Mo-5519/Lea.33773
<b>APPLICANTS</b> Winfried Jeske, Burscheid, GERMANY; Hartmuth Buding, Titz, GERMANY; Hermann-Josef Weidenhaupt, Pulheim, GERMANY;				
<b>** CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 19925633.0 06/04/1999				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 07/25/2000</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>CH</u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> -	<b>TOTAL CLAIMS</b> 11 <b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> Bayer Corporation Patent Department 100 Bayer Road Pittsburgh, PA 15205-9741				
<b>TITLE</b> Diene rubber compounds for improved rubber moldings				
<b>FILING FEE RECEIVED</b> 690	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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